STATE OF MARYLAND-CERTIFICATE OF DEATH

10	6	2009	9	á	1
0	3	6	J	1	J

1. PLACE OF DEATH		((2 d)				
County Caroline				Registration Dist. No	. 61	
Village or CityGr	enaboro.	6	No.		St,Ward	
Length of residence in city or town who						
2. FULL NAME Andr	ow Danlir	2 0				
(a) Residence: No. Grad		R.F.D	St., Ward.	If nonresident give city	or town and State	
PERSONAL AND STATIS	STICAL PART	ICULARS	MEDICAL	CERTIFICATE OF		
3. SEX 4. COLOR OR RACE	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	(Month) (Oa	. 193 2	
5a. If married, widowed, or divorced HUSBANO of						
(or) WIFF of	ling		22. PHEREE	9/52 to Jefs	1 . 6	
6. DATE OF BIRTH (month, day, and year)	T7 7 4 0	סקב	I last law h. Lu alive on.	1 / 1 -//	, 19 3 . 2; death is said	
7. AGE Years Months	Days	If LESS than	• }	tates above, at 5 2 m.	, 17_2 , weath is said	
577	15	1 day, hrs.		EATH and related causes of impo	,	
8. Trade, profession, or particular	•	, , , , , , , , , , , , , , , , , , , ,	were as formars.	\sim	Date of onset	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Farmer		10	l f	9/10/2	
tadustry or business In which work was done, as SILK MILL,			Jesethal 1	Varalifac	2	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total	time (years)		A		
this occupation (month and year)	LD spe	ent in this cupation				
12. BIRTHPLACE (city or town) (State or country) Map V.	end		Other Contributory Causes of in	nportance:		
13. NAME John Dan	ing					
13. NAME John Dan			Name of operation	hon	Oate of	
(State of country)	ryland			Clevesi W	5	
15. MAIOEN NAME Rebecca	Foster		23. If death was due to external	causes (VIOLENCE) fill in also	the following:	
15. MAIOEN NAME Rebecce			Accident, suiside, or homicide?	Date of in	jury, 19	
(State or country)	ryland		Where did Injury occur?	(Specify city or town, con	unty and State)	
17. INFORMANT Mrs, Andi (Address) Greenshot	cew Darli	ing	Specify whether injury occurred	d in INDUSTRY, In HOME, or In	PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Greenshoro M. Doate Sent. 20, 1932.			Manner of injury			
Place ireensboro.	L. LOate Sani	19.02	Nature of injury			
19. UNDERTAKER R.	lings Jaboro !	rð.	24. Was disease er injury In and	way related to occupation of d	eceased? Ms	
20. FILED Sept, 20, 1932	f. Mus	Registrar.	(Signed) (Address)	hora X/JI	oresife M. D	
7.0		o acesmun.	V.10010337	A Comment	111	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore/Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "faetory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap faetory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE REAL PROPERTY.			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUI	RTHER STATEMENTS	BY	PHYSICIAN
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STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
	-						

09731

County Caroline		(1)
		Registration Dist. No. 4
Village or City Mary de		No. St., Y
touch of midden in the state of		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town whare de	aath occurradyrsmos	ds. How long in U.S. if of foraign birth?yrsrmos
2. FULL NAME Clexand	er treflish	
(a) Residence: No.	0 0	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	21. DATE OF DEATH (Month) (Day) (Year
a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	e Har	(Month) (Day) (Year 22. I HEREBY CERTIFY, That I attended daceasad
Mrs Manue	. C. Miffire	9-1- 1977, to 9-25- 19t
DATE OF BIRTH (month, day, end yaar)	v30 1844	I last saw have alive on 9-25 1994; daath is
. AGE Years Months	Days If LESS than	to have occurred on tha date stated above, at 5-9 - m.
87 169	26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Que crand Consdestin	Calore delivores Date of o
Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, atc.	emylowa	
10. Data decaased last worked at	11. Total time (years)	
this occupation (month and 1892	spent in this of 4 M	***************************************
	1	Othar Contributory Causes of importance:
2. BIRTHPLACE (city or town)	0	**************************************
13. NAME	al it	
14. BIRTHPLACE (city or town)	Trom	
		Name of oparetion Date of
(Stata or country)	eleware	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME QUELA -		23. If daath wes due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Data of injury19
(State or country)	clumare, ,	Whare did injury occur?
7. INFORMANT MM. Main (Addrass) Ma an	a Suffata'	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Taccoma.	
Place Greens bero	Data Sept 28, 1932	Mannar of Injury
9. UNDERTAKER A DE LEUS (Addiass)	bro. Ind	24. Was disaasa or injury in any way related to occupation of dacaased?
0. FILED Sept. 26, 1032 A.	Mac Pripard	(Signad) I. I. Vmeth v
	///wegistrar.	(Houses) - Nitronaling - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

V. S. No. 1

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

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STATE OF M	MARYLAN	D—CERTIFICA	TE OF	DEATH
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U	J	6	Ü	4	

1. PLACE OF	F DEATH ,		(153)	
County	Corolu	4	Registratio	on Dist. No. 62
Village or C	ity Dece	low	No	St., Ward
Leasth of sect			death occurred in a hospital or institution, give its NA ds. How long in U.S. if of foreign birth?	
	denca in city or level where	death occurred yrs mos	ds. How long in 0.5.11 of foreign birth?	yrsmus,us.
2. FULL NA	ME Celle	Clizabeth 1	requill	
(a) Resident	ce: No.	(Usual place of abode)	St., Ward.	ent give city or town and State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICAT	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Frank-	relisti	OR DIVORCED (write the word)	Kept	17 193.2
5a. If married widow	ed, or divorced	orange	/ (Month)	(Day) (Year)
5a. If married, widow HUSBAND of (or) WIFE of	23, 41 21/2/22		22. I HEREBY CERTI	FY, That I attended deceased from
(1)		- 24	, to	, 19
6. DATE OF BIRTH	(month, day, and year)	lug. 81 = 1932	last saw h elive on	; death is sald
7. AGE Yea	rs Months	Days If LESS than 1 day,	to have occurred on the date statad above, at	
		18 ormin.	The PRINCIPAL CAUSE OF DEATH and related co	Date of enset
8. Trada, profes	ssion, or particular	- 0	deshot su supart	alur -
SAWYER,	vork dona, as SPINNER, BOOKKEEPER, etc	menle	Luck of proper Non	molemel
work was	s done, as SILK MILL, L, BANK, atc		9 calef	
O Date decease	ed last worked at	11. Total time (yeers)		
this occupyear)	pation (month and	spent in this occupation		
12. BIRTHPLACE (cit	1000	Tau	Other Contributory Causes of importance:	
(State or coun		arrhoud.		
13. NAME	Daniel 7	4 ilanutt		
13. NAME 14. BIRTHPLACE	(city or town)	Pietra	Name of operation	Date of
(State or		zud.	What test confirmed diagnosis?	
15. MAIDEN NA	ME Sadie	- Wooters	23. If deeth was due to external causes (VIOL ENCE	
I IS BIRTHRI ACE	(city or town)	Jenton	Accident, suicide, or homicide?	
16. BIRTHPLACE (Stete or		Zud.	Where did injury occur?	
17. INFORMANT	Daniel.	Elia TITA	(Specify city	or town, county and State) HOME, or in PUBLIC PLACE.
(Address)	15	cutsie		
18. BURIAL, CREMAT	ION, OR REMOVAL	15t 10"3	Manner of injury	
Placa	enton	Da 2 1 7 , 19	Nature of injury	
19. UNDERTAKER	Vine	l' moor	24. Was disease or injury in any way related to occ	cupation of deceased?
(Address)	1		If so, specify	P
20. FILED 9 -	19.37/4	AN Yearso	(Signed) (Signed)	Teorge M.D.
ZO. FILED.	1 J 1 1 1 1 1 1	Registrar.	(Address)	cuta

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Example I Example II-The principal cause of death and related causes The principal cause of death and related rauses Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PH	HYSICIAN	N
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1. PLACE	OF DEATH			(210-m)	
County	Caroline,			Registration Dist. No.	6H
Village of				No. death occurred in a hospital or institution, give its NAME instead of str ds. How long in U.S. if of foreign birth? yrs.	
	AME Otis Ch		Md.R.D.		
(a) Resid	dence: No. Feder	(Usual place of		St., Ward. If nonresident give city or to	own and State
PERSO	DNAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEA	ATH
Male.	4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCED Sing	(write the word)	21. DATE OF DEATH Sept. 5th. (Month) (Day)	, 199 2 (Yeer)
	dowed, or divorced				
(or) WIFE of	i de la companya de			22. I HEREBY CERTIFY, That I a	ttended deceased from
	TH (month, day, end year) Years Months	Apr. 16	th. 1906	to have occurred on the date stated above, at I - 30 A. M	193 2 ; death is sal
			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importan	
	30 1 2	19	ormin.	were es follows:	Date of onset
kind o	ofession, or particular of work done, es SPINNER, DE /ER, BDOKKEEPER, etcor business in which	ay labor	er on	FRACTUBEA SKULL	
work	was done, es SILK MILL, MILL, BANK, etc.	Farm	•		
- 10 20 11113 0	easod lest worked at Selft coupation (month and 193	span	me (years) t in this pation Sife		
12. BIRTHPLACE	(city or town) Dorcl	hester C		Dther Coutributory Causes of importance:	
(State or o			Md.	STRUCKBY MOTOR VEHICLE	
13. NAME		r. Hubba		ا د يا د ۱۹۶۱ يې مد لا په پ	
(State	e or country)	roline C	Md.	Name of operation	here an au opsy?
15. MAIDEN		• coulbo		23. If death was due to external causes (VIDL ENCE) fill In also the	following:
	ACE (city or town) Dor	chester	Co.	Accident, suicide, or homicide? ACCIAENT Date of injury	SEPT 54, 1922
∑ (State	e or country)		Md.	Where did injury occur? STAFE ROAD	
17. INFORMANT (Address)	WW 1 7 7 3 a	bbard. burg, Md	•	(Specify city or town, county specify whether injury occurred in INDUSTRY, in HOME, or in PUI ROAP LEANING FROM: PRESTON TO FE	
18. BURIAL, CREM	ohn's Church	,Md. Sep	t.7th,32	Manner of injury STRUCK BY MITCR VEH I. Nature of injury FRACTOREA SHULL	LAE
19. UNDERTAKER (Address)		om & Son burg, Md		24. Was disease or injury in any way related to occupation of decea	ased?
20. FILEDS	t 6", 1932 O	Moran	ne lou	(Signed) (Ardress) (Ardress)	M. M.

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
BUREAU V.S	2		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenleritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDIN TION is very important. See instructions on back of certificate. MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	OF MARYLAND—	-CERTIFICATE OF DEATH (19734
County Caroline		Registration Dist. No. 63
Things of old	Cheptank,	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town wh	ere death occurredyrs,mo	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME	James H. Jester	
(a) Residence: No.	Chantank, Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATE		MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rupite the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Anna G. J	ester	22. HEREBY CERTIFY, Thet Lattended deceased from
6. DATE OF BIRTH (month, day, and year)	July 17, 1874	1 Jest saw h see elive on All 6 32 19 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the dete steted above, et . 7
58	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
8. Trade, profession, or particular		Shork due to Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Road Supervisier	automobile accident
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc		
10. Dete deceased last worked et	32 11. Total time (yeers) spent in this occupation 25	
12. BIRTHPLACE (city or town) Cro	we	Other Contributory Causes of importence:
	- All 10	
I		
14. BIRTHPLACE (city or town)(Stete or country)	Prestan, Md.	Neme of operation
置 15. MAIDEN NAME Marv	E. Cellins	Whet test confirmed diagnosis? ADML Was there en autopsy? 26.
15. MAIDEN NAME Wary 16. BIRTHPLACE (city or town) (State or country)	Preston Md.	Accident, suicide, or homicide? (LCG/Leut.) Date of Injury 9/16, 19 3 7 Where did injury occur?
17. INFORMANT Anna G		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Chaptank, Md.	Manner of Injury Auto algebrat
Plece Choptank, Md.	DeteSept. 191932.	Neture of injury Allo Cate & Mis Alordon Ga
19. UNDERTAKER W. I. HO (Address)	llis & Son Preston, Md.	24. Wes disease or injury in any way related to occupetion of deceased? 2007
20. FILED Sept 19,1932. 1	Shas B. Harrison	(Signed) M. D. (Address) Along Myggs
		The state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Peritonitis 3 days ago Cerebral hemorrhage July 5, 1927 Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 wear

FOR BINDIN

MARGIN RESERVED

	MARYLAND-	CERTIFICATE OF DEATH	09735
1. PLACE OF DEATH		82-0	1.4
County Careline	**=	Registration Dist. I	No. 63
Village or City Pres	sten, Md.	NO. If death occurred in a hospital or institution, give its NAME instea	St., Ward
Length of residence in city or town where death	occurredyrs,mos	If death occurred in a hospital or institution, give its NAME instea sds. How long in U.S. if of foreign birth?	d of street and number) yrsds.
2. FULL NAME Mary E.	Lord		
(a) Residence: No. Pres	ston, Md. (Usual place of abode)	St., Ward. If nonresident give cit	ty or town and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
Fwmale 4. color or RACE White 5. S	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Soft	/3 1932
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of W. E. Lord		22. Sept 9 1932 10 Sept	Day) (Year) nat I ettended deceased from 19.22
6. DATE OF BIRTH (month, day, and year) July	10, 1875	I last sew h by elive on Soft 124	1932; deeth is said
7. AGE Years Months	Days If LESS then	to have occurred on the date stated above, at #230 n	i.h.
57 2	2 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of im	1 2 2 2
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	ousewifé	and horodais of registed	Date of onset
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed lest worked at		arlorio Lecorosis	about
10. Date decessed lest worked at this occupetion (month and yeer)	11. Total time (years) spent in this occupetion		1230
12. BIRTHPLACE (city or town)	Jersey	Other Contributory Causes of Importance:	
13. NAME Clayton C. Ma	this		
14. BIRTHPLACE (city or town)	Jersey	Neme of operation Roma What test confirmed diagnosis? Coma of Saloras	Date of paralysis 20
15. MAIDEN NAME Mary E. Mat	his	23. If death wes due to externel causes (VIOLENCE) fill in als:	
16 BIRTHPLACE (city or town)	w Jersey	Accident, suicide, or homicide? Date of Where did injury occur?	
17. INFORMANT		(Specify city or town, c Specify whether Injury occurred in INDUSTRY, In HOME, or	in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIece Grove De	te Sept 14 ₁₉ 32	Manner of injury	
19. UNDERTAKER W	& SON	24. Was disease or injury in eny wey related to occupetion of If so, specify	
20. FILED S. JA 14. 1932 6/16	o B. Harrisa Registrar.	(Signed) 4.12. Marage (Address) Proston,	nd M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURKAU V. S.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDIN

MARGIN RESERVED

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09736
1. PLACE OF DEATH	(46)
County Carolino	Registration Dist. No. (0)
Village Dr City Saedabus, RFD	ND. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
70. A 2000 11	us. now long in 0.3. If of foleigh bifth?yrs,mos,us
2. FULL NAME Mary C. VIC. Toro	hva hau
(a) Residence: No. (Usual place of abode)	Wat Na
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (gurite the word)	1. DATE OF BEATTY 28 193 2
The wind with the wind on the	(Month) (Day) (Yaar)
5a. If married, widowed, or divosced to the alexander	22. C HEREBY CERTIEY That I attended deceased from
(or) WIFE of Medical Me Granalia	Nesh 2 102 16 28 3
6. DATE OF BIRTH (month, day, and yeer)	I fast sow bell alive on Aspet 128, 198 Zogath Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.30 Pm.
96 U 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as tollows: With a up will of owned Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	(www. may Frimeso
9. Industry or business in which	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
To Date deceased last worked at this occupation (month and year)	X-
year) occupation	Other Contributory Passes of importance:
12. BIRTHPLACE (city or town)	Other Couractiff Graces of Importance.
(State or country)	CHA COUNTY CO
13. NAME Mosro · Reader	
13. NAME Macro · Reader 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country) (tuo	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hawele and	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Hawels & del	Accident, suicide, or homicide? Date of injury19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
mongrit Langel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE,
17. INFORMANT (Address) Adved by by Mid.	Specify whether injury occurred in INDUSTRY, In NUME, OF IN PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Acreus boro Ma Date Off 1932	Neture of injury
RBR	
19. UNDERTAKER (Address)	24. Was disease or injury in eny way related to orcupation of deceased?
0/2/22	If so, specify
20, FILED 9/30, 134 a la l	
Registrar,	(Signed) (Address) M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dale of onsel
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU V.S	\$		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V S. No. 1.

GINDINO

	PLACE OF DEATH	STATE OF MARYLAND	09737
Count	Caroline	CERTIFICATE OF DEAT	/ S
	11 -	Registration Dist. No.	5
Village	o or City near Kluston (No. ,,	a hospita give its	ath occurred to it or institution, NAME instead and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX	Mala Carl WIOOWEO OR DIVORCEO	16 DATE OF DEATH Suptanta 5 (Month) (Day)	, 1980 (Year)
//	(Wrste the word)	17 HEREBY CERTIFY, That I attended dec	eased from
OAT	TE OF BIRTH	, 191, to	, 191
	(Month) (Day) (Year)	that I last saw hallve on	191,
AGE		and that death occurred on the date stated abovo	, et // /tr
ea	ut 30 yrs mas ds OR min.?	The CAUSE OF DEATH * was as follows:	1.
8 00	CUPATION	Found dist. Died suddenly gt.	rome_
(a)	Trade, profession, or Day Lake	From history, I assume that	e area
(b)	General nature of industry		*** *************
	Iness, or establishment in Chemployer)	No Toutet	mos.
9 BII	RTHPLACE (State or country) Phila Pa	Secondary (Burallon) vis.	mos.
	10 NAME OF Jalen Miles	(Signad) 6 Paul Tinotts	. M.
ENTS	11 BIRTHPLACE OF FATHER (State or country) 12 BIRTHPLACE DE FATHER (State or country)	*State the Disease Causing Death, or, in deaths fro Causes, state (1) Means of Injury; and (2) whether A	om Violent
PARE	12 MAIDEN NAME OF MOTHER	SUICIDAL OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS	
	13 B'RTHPLACE OF MOTHER (State or country)	At piece te the el Geeth	M68
	(Informant) I the sign Wisher	if not et liges et deeth ? Fermer er seel residence	
	(Address) Decilon Zarg	Aring Trong Cases est	BURIAL
15		20 UNDERTAKER, ADDRESS	1

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISKASE CAUSING DEATH. state occupation at beginning of illness engaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus. Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulapplies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Beath—Name, first, the dibense causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospiral menings)."

Typhand the first the synonym is "Epidemic cerebrospiral menings)."

Typhand the first the first the synonym ("Pneumonia.").

Lobar the first the described preumonia."

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations mus," on Nomenclature of the American Medical Association.) and consequences (e. suicide. The nature of the injury, as fracture of skull. head-homicide; Poisoned by carbolic acid-probably Struck by railway suicidal, or homicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as accidental, surgical operation was undertaken. For VIOLENT DEATHS etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conto determine definitely. Examples: "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marusgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcona, etc., of. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage "Old Age," "Shock," "Uracmia," "Weakness, The contributory (secondary or intercurtrain-accident; Revolver g., sapsis, telanus) may be stated as "PUERPERAL septichmemia," State cause for which Accidental drowning Never report mere "Exhaustion," o punon

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

(131)		1 4	
	Registration Dist. No.	63	
No		_St.,	Ward
eath occurred in a hospital or institution	n, give its NAME instead of	street and number)	
ds. How long in U.S. if of f	oreign birth?yrs	mos	ds.
1 1 1 0 0 ·			
St., Ward.			
	If nonresident give city or	and the second content of the	
	RTIFICATE OF DE	EATH	
21. DATE OF DEATH	6	96 1932	
209	(Month) (Day)	, 100	ear)
22. IHEREBY	CERTIFY That	attended decease	d from
Well 5/4,1	932, to 10	30 19	32
I last saw h April alive on	/	., 19; deeth	is sald
to have occurred on the date stated			
The PRINCIPAL CAUSE OF DEATH were es follows:	and related causes of import		fonset
Qurenuc ?	Coma	Se	1/14
A 1	7		32
manied &	7		
Other Contributory Causes of Import	larleles	- au	15%
Other Contributory Causes of Import	ance neplesel	es of	22
The to Mill	Dog of Or	1/2000	. Mean
Name of operation	ace of vouv	U. J. GARO	Ø
A	Man Was	Dete of	200
What test confirmed diagnosis?		there an autopsy?	1.665
23. If death was due to external ceuse			
Accident, suicide, or homicide? Where did Injury occur?	Date of Inju	гу, 15	
Specify whether injury occurred in I	(Specify city or town, coun	ty and State)	
Specify whether injury occurred in t	HUUSTRI, III NUME, OF IN	ODLIG PLACE.	
Manner of injury			
Nature of injury			
24. Wes disease or Injury in any wey	related to occupation of dec	eased? Z	2
If so, specify	7	neve	
(Signed)	marac	1 2	_M. D.
(Address)	V. CRAS	su,	MI
411 N. Charles Street, Baltimore, Requ	sesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE

V. S. No. 1

should state

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

09739

1	L PLACE OF DEATH	<u>(57)</u>	
	County Caroline.	Registration Dist. No.	4
	Village or City Dear American Corner	No. St.,	Ward
	(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a nospital or institution, give its INAIVIE instead of street and	number)
	7	s tow long in 0.5. It of foleign bittiffyrs	nosus.
-	7. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rally	
	(a) Residence: No.	St., Ward. If nonresident give city or town and	d State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	3 State
3.	SEX 4. CDLOR OR RACE 5. SINGLE, MARRIED, WIDDWED,	21. DATE OF DEATH	
9	Gernale Colored, GR DIVORCED (write the word)	Soft, gra	., 198.Z
5a.	If married, widowed, or divorced	(Month) (Oay)	(Year)
	HUSBANO of Golm F. Prattis,	22. I HEREBY CERTIFY, That I attended Outs 7 1932 to Quy. /6	deceased from
6	DATE OF BIRTH (month, day, and year) Tray, 31" 1866		; death is said
-	AGE Years Months Days If LESS than	to have occurred on the date stated above, et 10-45 m.	, doath is said
	66 3 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
7	8. Trade, profession, or particular	were as follows:	Date of onset
101	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Sastroentiritis	Sed 7. 1930
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		7
DO:	SAW MILL, BANK, etc		
0	this occupation (month end 1931 spent in this year) occupation		
	00.0	Other Contributory Causes of Importance:	102.01
12.	(State or country)	11/1. T.	10. 26
ER	13. NAME Charles Hannes	Jefferthusen	19.00=
FATHER	14. BIRTHPLACE (city or town). Carreline Co.	Name of operation	
F	(State or country)	What test confirmed diegnosis? Was there an	
MOTHER	15. MAIDEN NAME, Our brazia Stanford	23. If death was due to external causes (VIOLENCE) fill in also the followin	
110	16. BIRTHPLACE (city or town) Carpline Co.	Accident, suicide, or homicide? Date of injury	
Σ	(State or country)	Where did Injury occur?	
17.	INFORMANT John T' Prottis	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
	Place Ross's Chapel Jud Date Soft 11", 1932	Nature of injury	
10	Margarette and the second and the se	24. Was disease or injury in any way related to occupation of deceased?	2(2)
19.	(Address) Freder als frame 141	If so, specify	7-Y
20	FILEO Seht, 10" 19 altraultons	(Signed) (2 / aul Juris	
20,	FILEO 3903. 19., 19. Registrar.	(Ardress) Sentra m	1
	If more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Balismore, Requesting U. S. No. 1.	

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Example I The principal cause of death and related causes of importance were as follows:		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage UR 4 V	July 5, 1927	Peritonitis	3 days ago	

Other contributory causes of importance:	5.	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF	MARVIAND	-CERTIFICATE	OF DEATH
SIAIL OF	MARILAND	CERTIFICATE	OF DEAT

09740

1. PLACE OF DEATH		92-0	, ,
County Coroline		Registration Dist. No	66
Village or City Length of residence in city or town where death occur	//	NoSt death occurred in a horpital or institution, give its NAME instead of streetds. How long in U.S. if of foreign birth?yrs.	and number)
2. FULL NAME Marghet	Turari	e Pyle	
(a) Residence: No. (Usu	nal place of abode)	St., Ward. If nonresident give city or town	n and State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEAT	
Frenche selil ORDI	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH Suptember (Month) (Day)	, 193 Z (Year)
HUSBAND of (or) WIFE of	115 1016	22. I HEREBY CERTIFY. That I atte Quant 16, 1932, to September 1 last say h. de alive on September 1, 19	my 1, 1932
	4, 1919 ays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 12:15 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	school	Endocarditis	Jan. 143
10. Date deceased last worked at this occupation (month and yaar)	. Total time (years) spent in this occupation	Other Contributory Causes of importanca:	
12. BIRTHPLACE (city or town) Welling (Stata or country)	Lighan		
13. NAME 14. BIRTHPLACE (city or town) 14. Change of the control	J. E.		
14. BIRTHPLACE (city or town) (State or country)	Del inglan	Name of operation Data What test confirmed diagnosis? Was there	
15. MAIDEN NAME Margret 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Cohert Gadress)	Buotlo Legitorias Legitorias	23. If death was due to external causes (VIOLENCE) fill in also the foll Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLI	lowing: , 19
18. BURIAL, CREMATION, OR REMOVAL Place Survival Date Date	Vefet 63, 1932	Manner of injuryNature of injury	
19. UNDERTAKER 9. Zinfel (Address)	cesor	24. Was diseasa or injury in any way related to occupation of deceased if so, specify	-
20. FILED \$ 17 7, 19 3 2) DA	Registrar.	(Signed) 6 / aul / hurss (Address) Deuten //	m. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	il	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
V -			3000	

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back

on

instructions

important.

CAUSE

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Caroline. Registration Dist. No. 19 Village or City Federalsburg. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. 2. FULL NAME Freda Edna Roxbury, Federalsburg, Md. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. 21. DATE OF DEATH Sent. 28th. OR DIVORCED (write the word) Remale. Colored. Married. 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY, That I attended deceased from Arthur Rexbury, (or) WIFE of 6. DATE OF BIRTH (month, day, and year) About 1898 7. AGE Months to have occurred on the date stated above, at 10-50 ff m If LESS than I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance No exact data or min. 34 About Oate of enset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____ OCCUPATION House-work. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (menth and year) 1932. spent in this Life. Dames Quarter 12. BIRTHPLACE (city or town) (State or country) FATHER Asbury Jones. 13. NAME Dames Quarter 14. BIRTHPLACE (city or town) (State or country) A. Roberts. OTHER 15. MAIOEN NAME Mary 23. If death was due to externel causes (VIOLENCE) fill In elso the following: Dames Quarter. Accident, suicide, or homicide?______ Date of Injury_____ 19 16. BIRTHPLACE (city or town) N.C. (State or country) Where did injury occur?___ (Specify city or town, county and State) Arthur Roxbury, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT _ (Address) Federalsbury. Md 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Dames Quarter, Mg Sept. 30#1932 Nature of injury_ J.T. Framptom & Son. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Federalsburg, Md (Address) If so, specify 20, FILED Sept 30" 1932

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AURIAU V.	5.		
• 4		•	-
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		* 3014/03/50/ 14/4/7-12/	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARTE	AND	CERTIFICATE OF DEATH	1742
1. PLACE OF DEATH		93-6	
County Caraline		Registration Dist. No. 6 Z	
Village of City Coursely Uller	esus	St., f death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of rasidence in city or town where death occurred	fsmos		
2. FULL NAME Menney	unes		
(a) Residence: No. (Usual place of all	oode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Jewisle 4. COLOR OR RACE OR DIVORCED (72 OR DIVORCED (72 LICE		21. DATE OF DEATH 13	, 193. Z (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	-	22. HEREBY CERTIFY That I attended	decaased from
e DATE OF BIRTH (month day and was)		I last saw has alive on Sept 10 1932	death is said
6. DATE OF BIRTH (month, day, and year)	If LESS than	to have occurred on the date stated above, at 5.Am.	, uoutii is suru
11/12 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	day,hrs. rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	100
8 Trade profession or particular		Chronic Myscardetis	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spant in	this		
12. BIRTHPLACE (city or town Corcles & Corcles	d	Coutributory Causes of importance:	
13. NAME Jalue Jeek	i io		
13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 2. Carrle	ud	Name of operation	utonsv?
IS MAIDEN NAME ONLE PERSON		23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME Some Season 16. BIRTHPLACE (city or town) (Stata or country) Market Season (Stata or country)	ud.	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Meansleip Siene (Address)	- Care	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL/	s) NCE.
18. BURIAL, CREMATION, OR REMOVAL PLACE Pacel Children Sept	7/6 79 3	Manner of injury	
19. UNDERTAKER A Tingil Me (Address)	oon	24. Was diseasa or injury In any way related to occupation of deceased?	
20, FILED 9-14, 1932 M. Ba Gue	Registrar.	(Signed) / WWW. OT Charged (Addrass) Altstag	М. D.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		GEORIVED SE		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
S				

V. S. No. 1

of OCCUPA-

STATE OF MARTEAND	CERTIFICATE OF DEATH 119743
1. PLACE OF DEATH	92-0
County (arollere !	Registration Dist. No. 4
Village or City Mary delle	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Joshva Sparks.	
(a) Residence: No(_)	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male While, Salvines	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Cecelia A. Abarta	22. I HEREBY CERTIFY. That I attended daceased from
00.411 165.1	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 m.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
76 3 70 ormin.	were as follows: 2
8. Trada, profession, or particular kind of work done, as SPINNER, Sawyer Rockketeper etc.	allowers heart
	assiste
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME Seloman Sparks 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Nama of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country) Dulaware	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Mary Dailey.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Harlefy Dell,	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Implicule Date Oct 2. 1952	Nature of injury
19. UNDERTAKER A. B. Dawlenge!	24. Was disease or injury in any way related to occupation of Aeceased?
(Address) theewobord	If so, specify
20. FILED Sept 30, 1932 P. Mar Pinnie	(Signed) , I Athers To M. D.
20. FILED SLEET SU, 1932 Registrar.	(Address) Marshall and
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DU TO				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state properly classified. Exact statement of OCCUPA-T RECORD. Every item of inforstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANA MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.-WRITE PLAINLY

mis

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH			
1. PLACE OF DEATH	09744			
County Cearolins	Registration Dist. No. 62			
Village or City Jederalsburg	No. KXQ, St., Ward			
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?			
2. FULL NAME & harles Thomas				
(a) Residence: No.	St., Ward.			
(Usual place of abode)	If nonresident give eity or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 18 193 2 (Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from			
6. DATE OF BIRTH (month, day, and year Office 151932	I last saw h Assa alive on ASSA (5 , 1922 ; death is said			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.49 km.			
37 2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Lobar Mumoura April 19	32		
work was dona, as SILK MILL,				
D. Date deceased last worked at this occupation (month and spent in this				
yaar) occupation	Other Contributory Causes of importance:			
12. BIRTHPLACE (city or town) Clearly (State or country)				
E				
14. BIRTHPLACE (city or town) Par	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME Le Ellique Hearnes	23. If death was due to external causes (VIOLENCE) fill in also the following:			
15. MAIDEN NAME Le Elle Communication of the Birthplace (city or town) - Communication of the	Accident, suicide, or homicide? Date of injury, 19			
State or country)	Where did injury occur? (Specify city or town, county and State)			
17. INFORMANT Que 12 seus 12 s	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATIDIN, OR REMOVAL	Manner of Injury 12			
Place Date Date 19 19 19 19 19 19 19 19 19 19 19 19 19	Nature of injury.			
19. UNDERTAKER S. V. Lievor	24. Was disease or injury in any way related to occupation of deceased?			
(Address)	If so, specify			
20. FILED 9 - 19 , 1932 Mrs A Q Yeary Registrar.	(Signed) Sultry M.D.			

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Example I		
Date of onset	The principal cause of death and relation of importance were as follows: Attack of enilepsy	ated causes Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis = ==	3 days ago
	Other contributory causes of importa	nce:
May 1,1923	Gastroenteritis	1 year
	1915 1921	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importa

V. S. No. 1

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Arteriosclerosis Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1	S	TATE (OF MARY	YLAND-	CERTIFICAT	E OF DEA	TH O	9746
1	. PLACE OF DEA				94-8			O TI
	County Caroline					Registration	Dist. No. 6	r
	Village or City Fo	deralsb	urg,		No. death occurred in a hospital or i	- I NAME	St.,	Ward
	Length of residence in o	city or town where	death occurred		ds. How long in U.			
:	. FULL NAME	Lillian	Louise	Vanscoy				
	(a) Residence: No.	Federal	Sburg, Md (Usual place of		St.,Ward.	If nonresident	give city or town as	nd State
	PERSONAL AN	ND STATIST	TICAL PARTIC	CULARS	MEDICA	L CERTIFICATE	OF DEATH	
	Remale Wh	or or race	5. SINGLE, MARE OR DIVORCED Marrie	(write the word)	21. DATE OF DEAT	Sept.	25th.	, 198 <mark>2</mark> (Year)
Sa	Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbur Norman Vanscoy,				Sylver EBY CERTIFY. That I attended deceased fro			
6.	DATE OF BIRTH (month, d	ay, and year)	Feb. 23r	d. I904	I last saw hey alive o	n syt. do	5 , 193 2	; death is said
7.	AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date			
_	28	7	2	ormin.	The PRINCIPAL CAUSE OF were as follows:		1 0 0	Date of onset
PATION	8. Trade, profession, or particular kind of work done, as SPINNER, HOUSE-WORK, SAWYER, BOOKKEEPER, etc 9. Latustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				CaroNary Throntosis-			
OCCU	110. Oate deceased last we	orked at	11. Total ti	me (years) tin this Life.	J.			
12. BIRTHPLACE (city or town) Caroline Co.				Md.	Other Contributory Causes of importance:			
ER	13. NAME JOB	n J. Is	scher,					
FATH	14. BIRTHPLACE (city or (State or country)	town) Swi	tzerland		Name of operation		Oate of	
ER		argare	t Hansel	ran,	What test confirmed diagnos			
15. MAIOEN NAME WOT BAT ST THATTS THATTS, 16. BIRTHPLACE (city or town) Germany, (State or country)					23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?, 19, Where did injury occur?, 19			
	. INFORMANT Wilb:	eralsbu			Specify whether injury occur	(Specify city or rred in INOUSTRY, in HO	town, county and S ME, or in PUBLIC E	tate) PLACE,
18	BURIAL, CREMATION, OR Place Federa		Mdpete Sept	.28" 1932	Manner of injury			····/)
19. UNDERTAKER J. T. Framptom & Son. (Address) Federalsburg, Md.			24. Was disease or injury in If so, specify	any way related to occupa	ation of deceased?_	N		
20	FILED Seft. 26.	1932 (Hiran	Registrar.	(Signed)(A/dress)	Federa	Isling,	md, M.D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	institution	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN